

RENEWAL APPLICATION

FOR LICENSING AS A TRAINING PROVIDER

Complete all sections of the application either by hand printing in ink or typing. Be sure to sign the completed application and include the application fee. Attach additional sheets as necessary.

1. APPLICANT:

Company Name: _____

Company Address: _____

Company Phone Number: _____ e-mail address: _____

Previous License Number: _____

Training Director (must be a Design Consultant): _____

Is the applicant licensed or certified as a training provider in another state? YES ☐ NO ☐

If YES, where: _____ License or Registration Number: _____

2. APPROVAL OF COURSES: The undersigned understands that each **training course**, conducted in Maine, will be approved by the DEP separately. The applicant will submit an application for training course approval to the Department for any course addition not previously approved; new courses will need to be audited during first presentation.

- | | |
|---|---|
| <input type="checkbox"/> ABATEMENT WORKER (32 hrs) | <input type="checkbox"/> ANNUAL REFRESHER (8 hrs) |
| <input type="checkbox"/> CONTRACTOR/SUPERVISOR (40 hrs) | <input type="checkbox"/> ANNUAL REFRESHER (8 hrs) |
| <input type="checkbox"/> MANAGEMENT PLANNER (16 hrs) | <input type="checkbox"/> ANNUAL REFRESHER (4 hrs) |
| <input type="checkbox"/> AIR MONITOR (16 hrs) | <input type="checkbox"/> ANNUAL REFRESHER (4 hrs) |
| <input type="checkbox"/> AIR MONITOR (40 hrs) | |
| <input type="checkbox"/> INSPECTOR (24 hrs) | <input type="checkbox"/> ANNUAL REFRESHER (4 hrs) |
| <input type="checkbox"/> DESIGN CONSULTANT (24 hrs) | <input type="checkbox"/> ANNUAL REFRESHER (8 hrs) |
| <input type="checkbox"/> AIR ANALYST (36 hrs) | |
| <input type="checkbox"/> BULK ANALYST (36 hrs) | |

3. RENEWAL REQUIREMENTS: A renewal applicant for Training Provider must submit documentation including the following:

A. ☐ By signing this renewal application, the applicant hereby confirms that the information, submitted in our original application is currently in effect and unchanged.

or

☐ Included with this renewal application are any changes of our original application.

B. ☐ Included with this renewal application is a list of current employees including expiration of state certification and training accreditation.

C. ☐ Any changes and/or addition(s) to course information and materials.

4. ENFORCEMENT ACTIONS: Have there been any enforcement actions taken against the company with respect to asbestos abatement during the past year? YES ☐ NO ☐ If YES, include the name of the agency taking the action and copies of all correspondence relating to the enforcement action. (**Note:** Notices of violation are considered enforcement actions.)

5. FEE: The application must include a non-refundable cashiers, certified or company check in the amount of **\$500 dollars** made payable to the **Maine Environmental Protection Fund**.

6. SIGNATURE:

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS THERETO AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. I ALSO UNDERSTAND THAT THE ISSUANCE OF A FRAUDELENT STUDENT CERTIFICATE, OR THE VIOLATION OF ANY PROVISION OF D.E.P. CHAPTER 425 OR OTHER APPLICABLE LAWS AND REGULATIONS INCLUDING THE MODEL ACCREDITATION PLAN (MAP), CONSTITUTES THE GROUNDS FOR THE SUSPENSION OR REVOCATION OF THE TRAINING PROVIDER'S LICENSE, THE DENIAL OF THE RENEWAL OF THE LICENSE, AND/OR OTHER ENFORCEMENT ACTION DEEMED APPROPRIATE BY THE DEPARTMENT.

SIGNED: _____ DATE: _____

PRINTED: _____

RETURN TO: **Lead & Asbestos Hazard Prevention Program**
Department of Environmental Protection (BRWM)
17 State House Station
Augusta, Maine 04333-0017
(207) 287-2651